Print in ink or type. Fill in Registration Number in spaces provided. Complete form, have it notarized and return to the Board of Ethies, 8401 United Plaza Blvd, Suite 200, Baton Ronge, LA 70809 (504) 922-1400. This form must be delivered or postmarked by the due date. This form must be delivered or postmarked by the due date. This form must be faxed to (304) 922-1414. The original should be forwarded on the day of fax transmittal.  1.  Name Stream of No.  Street and No.  Street and No.  City State Zip Mailing Address 601 POYDRAS STREET NEW ORLEANS LA 70130  Street and No.  City State Zip Mailing Address 601 POYDRAS STREET NEW ORLEANS LA 70130  Business Phone 504-566-3304  Area Code and Telephone Number  4. Total of all expenditures made July 1 through June 30: \$ (Include expenditures toom Schedules A and B)  Total of all expenditures made July 1 through December 31: \$  (When Applicable) (Include expenditures from Schedules A and B)  Total of all expenditures made during calendar year: \$  (When Applicable) (Include appenditures made during calendar year: \$  (Line 4 addre with Line 5 should equal Line 6)	COVERING EXPENDITURE RECOVERING JANUARY 1 THROUGH DUE AUGUST 15 EX COVERING JULY 1 THROUGH DECEMBLE FERRUARY 15	JUNE 30		Lebbyis FOR	377  1's Registrati  OFFICE US	E ONL
Name STEWART JOY L.  Last Pirst MI  2. Business Address 601 POYDRAS STREET NEW ORLEANS LA 70130  Street and No. City State 2ip  Mailing Address 601 POYDRAS STREET NEW ORLEANS LA 70130  Business Phone 504-566-3304  Area Code and Telephone Number  4. Total of all expenditures made January I through June 30: \$ 0  (Include expenditures from Schedules A and B)  5. Total of all expenditures made July I through December 31: \$ 0  (When Applicable) (Include expenditures from Schedules A and B)  5. Total of all expenditures made during calendar year: \$ 0  (Line 4 added with Line 5 should equal Line 6)  6. Did you make an expenditure exceeding \$50 on one occasion for any one legislator:	Print in ink or type.  Fill in Registration Number in spaces provided.  Complete form, have it notarized and return to the Bo Plaza Blvd., Suite 200, Baton Rouge, LA 70809 (50)  This form must be delivered or postmarked by the This form may be faxed to (504) 922-1414. The original contents in the print of the print	94) 922-1400.			a <sup>N</sup> 3	36253 <b>1</b> 89
Business Address 601 POYDRAS STREET NEW ORLEANS LA 70130  Street and No. City State 2ip  Mailing Address 601 POYDRAS STREET NEW ORLEANS LA 70130  Business Phone 504-566-3304  Area Code and Telephone Number  Total of all expenditures made January I through June 30: \$ 0 (Include expenditures from Schedules A and B)  Total of all expenditures made July I through December 31: \$ 0 (When Applicable) (Include expenditures from Schedules A and B)  Total of all expenditures made during calendar year: \$ 0 (Line 4 added with Line 5 should equal Line 6)  Did you make an expenditure exceeding \$50 on one occasion for any one legislator:					- 929	
Business Address 601 POYDRAS STREET NEW ORLEANS LA 70130  Mailing Address 601 POYDRAS STREET NEW ORLEANS LA 70130  Business Phone 504-566-3304  Area Code and Telephone Number  Total of all expenditures made January I through June 30: \$ 0 (Include expenditures trom Schedules A and B)  Total of all expenditures made July I through December 31: \$ 0 (When Applicable) (Include expenditures from Schedules A and B)  Total of all expenditures made during calendar year: \$ 0 (Line 4 added with Line 5 should equal Line 6)  Did you make an expenditure exceeding \$50 on one occasion for any one legislator:		7.55	L. 8	<u> </u>		
Street and No. City State 2ip  Mailing Address 601 POYDRAS STREET NEW ORLEANS LA 70130  Business Phone 504-566-3304  Area Code and Telephone Number  Total of all expenditures made January I through June 30: \$ 0  (Include expenditures trom Schedules A and B)  Total of all expenditures made July I through December 31: \$ 0  (When Applicable) (Include expenditures from Schedules A and B)  Total of all expenditures made during calendar year: \$ 0  (Line 4 added with Line 5 should equal Line 6)  Did you make an expenditure exceeding \$50 on one occasion for any one legislator:	end end			MI		
Street and No.  City State 2ip  Mailing Address 601 POYDRAS STREET NEW ORLEANS LA 70130  Business Phone 504-566-3304  Area Code and Telephone Number  Total of all expenditures made January I through June 30: \$ 0  (Include expenditures from Schedules A and B)  Total of all expenditures made July I through December 31: \$ 0  (When Applicable) (Include expenditures from Schedules A and B)  Total of all expenditures made during calendar year: \$ 0  (Line 4 added with Line 5 should equal Line 6)  Did you make an expenditure exceeding \$50 on one occasion for any one legislator:	Business Address 601 POYDRAS STREET	NEW OR	LEANS	LA	70131	0
Mailing Address 601 POYDRAS STREET NEW ORLEANS LA 70130  Business Phone 504-566-3304  Area Code and Telephone Number  Total of all expenditures made January I through June 30: \$ 0 (Include expenditures from Schedules A and B)  Total of all expenditures made July I through December 31: \$ 0 (When Applicable) (Include expenditures from Schedules A and B)  Total of all expenditures made during calendar year: \$ 0  (Line 4 added with Line 5 should equal Line 6)  Did you make an expenditure exceeding \$50 on one occasion for any one legislator:			City	2000 COO		
Business Phone 504-566-3304  Area Code and Telephone Number  Total of all expenditures made January I through June 30: \$ 0  (Include expenditures from Schedules A and B)  Total of all expenditures made July I through December 31: \$ 0  (When Applicable) (Include expenditures from Schedules A and B)  Total of all expenditures made during calendar year: \$ 0  (Line 4 added with Line 5 should equal Line 6)  Did you make an expenditure exceeding \$50 on one occasion for any one legislator:	Mailing Address 601 POYDRAS STREET	NEW OR		200.00		
Total of all expenditures made July 1 through December 31: \$ 0  (When Applicable) (Include expenditures from Schedules A and B)  Total of all expenditures made during calendar year: \$ 0  (Line 4 added with Line 5 should equal Line 6)  Did you make an expenditure exceeding \$50 on one occasion for any one legislator:		none Number		3	2	
(When Applicable) (Include expenditures from Schedules A and B)  Total of all expenditures made during calendar year:  (Line 4 added with Line 5 should equal Line 6)  Did you make an expenditure exceeding \$50 on one occasion for any one legislator:	Total of all expenditures made January 1 the (Include expenditures from Schedules A and B)	rough June 30:	\$	. 0		
(When Applicable) (Include expenditures from Schedules A and B)  Total of all expenditures made during calendar year:  (Line 4 added with Line 5 should equal Line 6)  Did you make an expenditure exceeding \$50 on one occasion for any one legislator:	Total of all expenditures made July 1 through	h December 31-	*	0		
(Line 4 added with Line 5 should equal Line 6)  Did you make an expenditure exceeding \$50 on one occasion for any one legislator:	(When Applicable) (Include expenditures from S	chedules A and B)		n manii n		
PROPERTY OF A PR	Total of all expenditures made during calend (Line 4 added with Line 5 should equal Line 6)	dar year:	\$	0	SATE S.	
	Did you make an expenditure exceeding \$50	on one occasion	for any	one legislator	•	
From July 1 through December 31? Yes No No NA	From January 1 through June 30?	Yes 🗔	No			
If the answer to either question in Number 7 above is YES, please complete Schedule A and attach.	If the answer to either question in Number 7	ahove is VES al-	10ce 40"	anlata Cabadad	n A parl aug 1	Sar

## LOBBYING EXPENDITURE REPORT



islator:	y one le	250 for any	sum of	g the	e expenditures exceedir	. Did you m	8.
□ NA	No No		Yes Yes		1 through June 30? brough December 31?	From Janua From July	
plete Schedule A and attach.	ease co	is YES, ple	8 above	mber	to either question in N	If the answ	
on to which the entire alutory committee, committee , recognized caucus, or any	nittee, s	elect common of any cor	mittee, ommitte	subce	ther house, any standin	legislature, created by	9.
	No				□ Yes		
and attach.	hedule	mplete Scl	please c	ES,	to Number 9 above is '	If the answ	
			<b>3</b> 9	100		State of	
			<b>3</b> 81			Parish of _	
					ie undersigned authority		
ne, did declare and	•	17				JOY 1	
	rect.	lewait obbyist	outs are t	Sign	to me that the above st	acknowled	
unker 19 97.	Dece	day of	157	n this	subscribed before me	Sworn to a	
ecció fo	1)	Dud	fy Publi				
ección for	1)	Dud	lag		SIDSMINECT DELOTE MG	Swom to a	